FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D.

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

1406450	OMB APPROVAL
, .	CMB Number 3235-0076
AISSION	Expires:
	Estimated average burden
	hours per form 16.00
	SEC USE ONLY
ES D,	Prefix Serial
	DATE RECEIVED
MPTION	

	OMFORM	CIMITED OFF	EKING EXEMI	LION			
Name of Offering (check if this is a Private Placement - Membership Inte				hange.)			
Filing Under (Check box(es) that apply)	: 🗆 Rule 504	☐ Rule 505	☐ Rule 506	☐ Section 4(6)	□ ULOE		
Type of Filing: ☐ New Filing ☒	Amendment				4		
	A. E	ASIC IDENTI	FICATION DAT	'A			
1. Enter the information requested about	it the issuer						
Name of Issuer (check if this is an ITS KOOL, LLC		Ū		5 ,		07076461	INET CERT
Address of Executive Offices (Number 375 Pine Tree Lane, Boulder, Co		State, Zip Code		Te (3	lephone	566	•
Address of Principal Business Operati (if different from Executive Offices)	ons (Numbe	er and Street, Ci	ty, State, Zip Coo	le) Te	lephone Nun	nber (including Area Cod	e)
Brief Description of Business Person	al cooling devices	· · · · · · · · · · · · · · · · · · ·				·	
Type of Business Organization				· · · · · · · · · · · · · · · · · · ·			
corporation business trust		ed partnership, a ed partnership, to			other (please nited liability		
		Month	Year			PROCESSE	ΞD
Actual or Estimated Date of Incorporation	on or Organization:		2002	⊠ Actual □ E	stimated		
Jurisdiction of Incorporation or Organiza						SEP 0 5 200	7
CN for Canada; FN for other foreign jur	isdiction)					THOM/0001	
GENERAL INSTRUCTIONS						THOMSON FINANCIA!	
Fodoral							

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230,501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below, or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be

photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

•			r has been organized wit to vote or dispose, or d		on of, 10% or i	more of a class of equity
	securities of the issu	ier;	_	_		- •
•		cer and director of co anaging partner of pa		orporate general and mai	naging partners	of partnership issuers; and
Check Box(es		⊠ Promotor	⊠Beneficial Owner	Executive Officer	☐ Director	⊠ General and/or Managing Partner
Anthony	Last name first, if in Peter Arnold					
Business or R 375 Pine	esidence Address (Tree Lane, Boulde	Number and Street, (r, CO 80304	City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promotor	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)	· · · · · · · · · · · · · · · · · · ·			
Business or R	esidence Address (Number and Street, (City, State, Zip Code)			
Check Box(es) that Apply:	Promotor	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or R	esidence Address (Number and Street, (City, State, Zip Code)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Check Box(es) that Apply:	☐ Promotor	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or R	esidence Address (Number and Street, (City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promotor	☐ Beneficial Owner	☐Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or R	esidence Address ()	Number and Street, (City, State, Zip Code)			
Check Box(es	•••	☐ Promotor	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or R	esidence Address ()	Number and Street, (City, State, Zip Code)			
Check Box(es) that Apply:	Promotor	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or R	esidence Address (l	Number and Street, C	City, State, Zip Code)			
Check Box(es	•••	Promotor	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or R	esidence Address ()	Number and Street, C	City, State, Zip Code)			

A. BASIC IDENTIFICATION DATA

Enter the information requested for the following:

				B. IN	VFORMA'	TION AB	OUT OFF	ERING				
												Yes No
1. Has th	ne issuer sold	l, or does tl	ne issuer in	tend to sell	, to non-acc	redited inv	estors in th	is offering?				
			Ansv	ver also in .	Appendix, (Column 2,	if filing und	ier ULOE.				
2. What	is the minim	num investn	nent that wi	ill be accep	ted from an	y individua	ıl?					\$25,000
3. Does	the offering	permit join	t ownership	of a single	e unit?					• • • • • • • • • • • • • • • • • • • •		Yes No
remu perso than i	the informat neration for s n or agent of live (5) perso r only.	olicitation of a broker o	of purchase r dealer reg	rs in conne	ection with a h the SEC a	sales of sec and/or with	urities in th a state or s	e offering. tates, list th	If a person the name of	to be listed the broker	d is an asso or dealer.	ciated If more
Full Nam	ie (Last name	first, if in	dividual)						·			
Business	or Residence	: Address (l	Number and	d Street, Ci	ty, State, Z	ip Code)			· · · · · · · · · · · · · · · · · · ·			
Name of	Associated B	Broker or D	ealer				·	<u> </u>				
(Check [AL] [IL] [MT] [RI]	Which Person ("All States" [AK] [IN] [NE] [SC] (Last name	or check in [AZ] [IA] [NV] [SD]	ndividual S [AR] [KS] [NH] [TN]		to Solicit P [CO] [LA] [NM] [UT]	CT [CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	All States [ID] [MO] [PA] [PR]
Business	or Residence	: Address (]	Number and	1 Street, Ci	ty, State, Z	ip Code)				-		
Name of	Associated B	roker or D	ealer									
States in	Which Perso	n Listed Ha	is Solicited	or Intends	to Solicit P	urchasers						
(Check { AL } [IL] [MT] [RI]	"All States" { AK } [IN] [NE] [SC]	or check in [AZ] [IA] [NV] [SD]	ndividual Si [AR] [KS] [NH] [TN]	tates) [CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	{ CT } [ME] [NY] { VT]	[DE] [MD] [NC] [VA]	{ DC } [MA] [ND] [WA }	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	{ HI } [MS] [OR] [WY]	☐ All States [ID] [MO] [PA] [PR]
Full Nam	e (Last name	first, if in	dividual)									
Business	or Residence	Address (I	Number and	l Street, Ci	ty, State, Z	ip Code)	······································					
Name of	Associated B	roker or D	ealer			···						
States in	Which Person	n Listed Ha	s Solicited	or Intends	to Solicit P	urchasers				_	-	
	"All States" [AK] [IN]				[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	□All States [ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sol "zero." If the transaction is an exchange offering, check this box ☒ and indicate in the columns be offered for exchange and already exchanged.				
	Type of Security		Aggregate fering Price	Amo	ount Already Sold
	Debt:	\$	-0-	\$	-0
	Equity:	\$	500,000	\$	25,000
	Convertible Securities (including warrants)	\$	0	\$	-0
	Partnership Interests	\$	-0	\$	-0-
	Other (Specify)	\$	-0	\$	-0-
		\$	500,000	S	25,000
		•			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero aggregate dollar amount of their purchases on the total lines.	ve pur ro."	rchased sec Number Investors	urities an	Aggregate Aggregate Dar Amount Purchases
	Accredited Investors		2	\$	50,000
	Non-accredited Investors		0	\$	0
			N/A_	\$	N/A
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securi offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this listed in Part C-Question 1.	ties se offer	ing. Classi	fy securi	ties by type
	Type of offering		Type of Security	Do	llar Amount Sold
	Rule 505	\$	N/A_	\$	N/A
	Regulation A	\$	N/A	\$	N/A
	Rule 504	\$	N/A	\$	N/A
	Total	\$	N/A	\$	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the secu amounts relating solely to organization expenses of the issuer. The information may be given as su amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate	bject	to future co	ring. Ex ontingend	clude cies. If the
	Transfer Agent's Fees			□ \$	0-
	Printing and Engraving Costs Legal Fees			⊠ \$ ⊠\$	2,000 15,000
	Accounting Fees			⊠ \$	500
	Engineering Fees			\$ \$	<u>-0-</u>
	Other Expenses (identify) Travel	•••••	•••••	X \$	2,500
	Total		•••••	X \$	20,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	b. Enter the difference between the aggregate of response to Part C - Question 4.a. This difference	ence	-	1 and	total expens	ses furni	shed in
	is the "adjusted gross proceeds to the issuer."					\$ <u>48</u>	0,000
5.	Indicate below the amount of the adjusted gross the amount for any purpose is not known, furni listed must equal the adjusted gross proceeds to	ish an estimate and check the b	ox to the left of the e	stimat n 4.b a Pa O Di	e. The total	of the pa	shown. If ayments yments To Others
	Sales and fees			\$	0-	\$	0
	Purchase of real estate	••••••		\$	0-	\$	-0-
	Purchase, rental or leasing and installation of n	nachinery and equipment		\$	0-	\$	-0-
	Construction or leasing of plant buildings and t	facilities		\$	-0-	\$	0-
	Acquisition of other businesses (including the variety be used in exchange for the assets or security).	this offering that	\$	-0-	\$	0-	
	Repayment of indebtedness		X	\$	40,000	\$	<u>-</u> -
	Working capital	\$	-0-	\$	440,000		
	Other (specify):			_	-0-	\$	0-
					-0-	s	-0-
	Column Totals		···	_	40,000	³ \$	440.000
То	tal Payments Listed (column totals added)				40,000	[₽]	440,000
				<u> </u>	40,000	_ -	440,000
		D. FEDERAL SIGNATU	RE				
ignatu	uer has duly caused this notice to be signed by the e constitutes an undertaking by the issuer to furn tion furnished by the issuer to any non-accredited	ish to the U.S. Securities and I	Exchange Commissio	is filo n, upo	ed under Rul en written re	le 505, ti quest of	he following its staff, the
Issuer	(Print or Type)	Signature			Date	alt	
ITS F	COOL, LLC	CICK	uno		August	<u>×</u> , 20	007
By: A	Anthony Peter Arnold	Manager			<u>.</u>		
	··································						
	•						

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STA	TE SIGNATURE								
1.	Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?									
	See Appendix, Co	humn 5, for state response.								
2.	The undersigned issuer hereby undertakes to furnish to any state Form D (17 CFR 239.500) at such times as required by state law									
3.	The undersigned issuer hereby undertakes to furnish to the state a offerees.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.								
4.	Offering Exemption (ULOE) of the state in which this notice is f	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.								
	The issuer has read this notification and knows the contents to be truduly authorized person.	and has duly caused this notice to be signed on its behalf by the undersigned								
I	Issuer (Print or Type) Signat	ure Date 251								
I	ITS KOOL, LLC	August 8, 2007								
1	Name (Print or Type) Title (Print or Type)								
F	By: Anthony Peter Arnold Mana	ger								
_										

Instruction:
Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1 1		2	3	4 5 Disqualification under State ULOE							
	Intend to non-a investor	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)						
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No		
AL											
AK					<u> </u>						
AZ											
AR		<u> </u>									
CA	<u> </u>	<u> </u>									
CO			<u> </u>	2	50,000	<u> </u>	, , , , , , , , , , , , , , , , , , ,				
СТ				2	30,000			<u></u>			
DE							-				
DC											
FL							 				
GA											
HI	***										
ID											
IL	. <u> </u>										
IN											
IA				<u> </u>		<u> </u>					
KS			<u> </u>								
KY						}					
LA	<u> </u>				<u> </u>						
ME	 ··										
MD									<u> </u>		
MA											
MI		<u> </u>									
MN		<u> </u>	<u> </u>								
MS	····										
МО											
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				APPEN	IDIX		· · · · · · · · · · · · · · · · · · ·				
1	to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No		
MT						 		<u> </u>			
NE						-			l		
NV				<u> </u>		<u> </u>					
NH	<u> </u>										
NJ											
NM				· · · · · · · · · · · · · · · · · · ·							
NY					-			7			
NC								<u> </u>			
ND											
ОН											
ОК											
OR							<u> </u>				
PA											
RI									<u> </u>		
SC									<u> </u>		
SD	-				··			· ·			
TN											
TX								·			
UT											
VT							<u>. </u>		<u> </u>		
VA					 -				<u> </u>		
WA									<u> </u>		
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